June 2021											
Medicaid Release Volume		Engagement Volume		Performance Rate		Target Rate		Difference (%)		Difference (Members)	
6099		1132		18.56%		13.39%		5.17%		315	

DOC BH Engagement

- Performance this month increased from 18.5 to 18.56%. Performance has increased by over 7 percentage points since June 2020. Increased engagement indicates the continued impact of the cross-system efficiencies gained under COVID-19, adjustments to the Approved Treatment Provider (ATP) network, RAE coordination with community partners, and DOC referral processes. Timely filing creates some fluctuation and noise in the most recent months.
- Collectively contractors are exceeding the target by 315 members, or about 39 members per contractor over the course of the year.
- The target for FY21-22 is 19.1%. Some remaining claims runout will likely push the final FY20-21 rate closer to 19%.
- Women continue to access care at a higher rate than men, and whites continue to access care at higher rate than non-whites. Trends for all categories are positive, though there appears to be some recent widening in the gap between white males and non-white males.
- 12 Month rolling release volumes continued to decrease significantly but access volumes were more stable thus engagement rates increased. Lower release numbers appear to be related to more members released as a response to COVID in 2020 resulting in fewer members eligible for release now.
- HCPF, RAEs, DOC and stakeholders continue regular meetings to improve performance on this metric and for justice system involved members. Coordinating in-reach efforts to avoid duplication is an ongoing issue being addressed. Improving data for accuracy and completeness is also being addressed.
- The work of implementing SB21-146 continues. Items included in the bill should have a positive influence on these engagement rate metrics.
- DOC continues to work with community providers to reimburse for in-reach appointments while the member is not yet Medicaid eligible.
- Issues related to providers' understanding of medical necessity is a challenge being addressed. Members who have SUD treatment needs but have not been actively using while incarcerated are particularly impacted.







